



02:53pm From-Novartis V&amp;D IP Dept

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T-280 P.003/003 F-768

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Complete and send this form, together with applicable fee(s), to: Mail

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27476

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02/24/2010

NOVARTIS VACCINES AND DIAGNOSTICS INC.  
INTELLECTUAL PROPERTY- X100B  
P.O. BOX 8097  
Emeryville, CA 94662-8097

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Joy M. Marshall

(Depositor's Office)

Joy M. Marshall

(Signature)

May 21, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/016,604

12.07/2001

Pablo D. Garcia

PP016466.0002

6543

TITLE OF INVENTION: ENDOGENOUS RETROVIRUSES UP-REGULATED IN PROSTATE CANCER

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	05/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUMPHREY, LOUISE WANG ZHIYING	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mei Hong

2 Benjamin Spehlmann

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novartis Vaccines and Diagnostics, Inc.

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mei Hong

Date May 21, 2010

Typed or printed name

Mei Hong

Registration No. 55,276

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